

FO/00004655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600082362956

12/14/06--01044--011 \*\*35.00

W. Withdrawal

Sf

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC 14 PM 4:12

FILED



236 East Town Street  
Columbus, Ohio 43215  
(614) 222-5500 Tel  
(614) 222-5497 Fax  
[www.cbcsnational.com](http://www.cbcsnational.com)

December 13<sup>th</sup>, 2006

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32304

Re: Merger of Comprehensive Receivables Group, Inc. (F01000004655) into Credit  
Bureau Collection Services, Inc. (F98000004823)

To Whom It May Concern:

On December 31<sup>st</sup>, 2006 at 11:50 p.m., Comprehensive Receivables Group, Inc. shall merge into its parent, Credit Bureau Collection Services, Inc. Both companies are currently registered as foreign corporations in the State of Florida.

The purpose of this filing is to withdraw Comprehensive Receivables Group, Inc.'s registration in the State of Florida. Enclosed are the following:

1. Check for \$35.00
2. Application for Withdrawal
3. Copy of the Articles of Merger

Please accept these documents for filing upon receipt, with an effective date of December 31<sup>st</sup>, 2006. Should you have any questions, feel free to contact me directly at (614) 222-4119.

Very truly yours,

A handwritten signature in black ink, appearing to read "Serena L. McCoy", is written over a horizontal line.

Serena L. McCoy, C.P.  
Certified Paralegal

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Comprehensive Receivables Group, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F01000004655  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Serena L. McCoy  
\_\_\_\_\_  
(Name of Person)

CBC Companies, Inc.  
\_\_\_\_\_  
(Firm/Company)

250 East Town Street  
\_\_\_\_\_  
(Address)

Columbus, OH 43215  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Serena L. McCoy at ( 614 ) 222-4119  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Comprehensive Receivables Group, Inc.

(Name of Corporation)

F01000004655

(Document Number of Corporation (if known))

Michigan

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

236 East Town Street

(Mailing Address)

Columbus, Ohio 43215

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Dirk M Cantrell*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

*12/11/06*

(Date)

Dirk M. Cantrell

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)

**FILING FEE \$35**

**FILED**  
06 DEC 14 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/06/2006	200633903070	MERGER/DOMESTIC (MER)	125.00	.00	.00	.00	55.00

**Receipt**

This is not a bill. Please do not remit payment.

CBC COMPANIES  
SERENA MCCOY- 19TH FLR  
250 E BROAD ST.  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

974865

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CREDIT BUREAU COLLECTION SERVICES, INC.**

and, that said business records show the filing and recording of:

Document(s)

**MERGER/DOMESTIC**

Document No(s):

**200633903070**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 31st day of December,  
A.D. 2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/06/2006	200633903070	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CBC COMPANIES  
SERENA MCCOY- 19TH FLR  
250 E BROAD ST.  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

921343

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**COMPREHENSIVE RECEIVABLES GROUP, INC.**

and, that said business records show the filing and recording of:

Document(s)

**MERGED OUT OF EXISTENCE**

Document No(s):

**200633903070**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 31st day of December,  
A.D. 2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

<b>Expedite this Form: (Select One)</b>	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1329 Columbus, OH 43216

**CERTIFICATE OF MERGER**  
(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$125.00

(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

**I. SURVIVING ENTITY**

A. The name of the entity surviving the merger is:

Credit Bureau Collection Services, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- ☒ Domestic (Ohio) For-Profit Corporation, charter number 974865
- ☐ Domestic (Ohio) Non-Profit Corporation, charter number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the State of Ohio under license number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio, \_\_\_\_\_
- ☐ Domestic (Ohio) Limited Liability Company, with registration number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the State of Ohio under registration number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the State of Ohio, \_\_\_\_\_
- ☐ Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_

2006 DEC -5 AM 11:30

- ☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the state of Ohio
- ☐ Domestic (Ohio) Partnership having limited liability, with the registration number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and not licensed to transact business in the state of Ohio
- ☐ General partnership not registered with the state of Ohio

## II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

(Please list the Ohio charter, license/registration no. below)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
921343-Comprehensive Receivables	Michigan	Profit Corp.
_____	_____	_____
_____	_____	_____
_____	_____	_____

## III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

<u>CBC Companies, Inc.</u>	<u>250 East Town Street</u>	
(name)	(street)	NOTE: P.O. Box Addresses are NOT acceptable.
<u>Columbus</u>	<u>Ohio</u>	<u>43215</u>
(city, village or township)	(state)	(zip code)

## IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: 12/31/06 (If a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger)

## V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.



VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CSC Lawyers Incorporating      50 W. Broad Street, Suite 1800  
(name) Service (Corporation      (street) NOTE: P.O. Box Addresses are NOT acceptable  
Service Company)  
Columbus      Ohio 43215  
(city, village or township)      (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

CSC-Lawyers Incorporating Service  
Signature of Agent Louise B. Smith  
Louise B. Smith, Asst. V.P.

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended

☐ Attachments are provided      ☒ No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

\_\_\_\_\_  
(name)      (street) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township)      (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

B The qualifying entity also states as follows: (Complete only if applicable)

1 Foreign Notice Under Section 1703 031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed )

(a ) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

\_\_\_\_\_

(b ) The name(s) of any Trade Name(s) under which the corporation will conduct business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c ) The location of the main office (non-Ohio) shall be:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable

(city, township, or village)

(county)

(state)

(zip code)

(d.) The principal office location in the state of Ohio shall be:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable

(city, township, or village)

(county)

Ohio

(state)

(zip code)

(Please note, if there will not be an office in the state of Ohio, please list none )

(e ) The corporation will exercise the following purpose(s) in the state of Ohio:

(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

\_\_\_\_\_

\_\_\_\_\_

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed )

(a ) The name of the limited liability company in its state of organization/registration is

\_\_\_\_\_

(b ) The name under which the limited liability company desires to transact business in Ohio is

\_\_\_\_\_

(c ) The limited liability company was organized or registered on \_\_\_\_\_  
under the laws of the state/country of \_\_\_\_\_

- (d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable*

\_\_\_\_\_  
(city, township, or village) (state) (zip code)

**3 Foreign Qualifying Limited Partnership**

(If the qualifying entity is a foreign limited partnership, the following information must be completed)

- (a ) The name of the limited partnership is

\_\_\_\_\_

- (b.) The limited partnership was formed on \_\_\_\_\_

- (c ) The address of the office of the limited partnership in its state/country of organization is:

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable.*

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

- (d ) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable*

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

- (e ) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

- (f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable.*

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn

**4 Foreign Qualifying Partnership Having Limited Liability**

(a ) The name of the partnership shall be

\_\_\_\_\_

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable.*

\_\_\_\_\_. Ohio \_\_\_\_\_  
(city, village or township) (zip code)

*(If the partnership does not have a principal office in Ohio, then Items b2 must be completed)*

(2 ) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable.*

\_\_\_\_\_. \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c ) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address) *NOTE: P O Box Addresses are NOT acceptable.*

\_\_\_\_\_. Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

\_\_\_\_\_

(e ) The business which the partnership engages in is:

\_\_\_\_\_

\_\_\_\_\_

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Credit Bureau Collection Services,  
(Exact name of entity)

By: John H Cantrell  
Its: Secretary/Treasurer  
Date: 11/30/06

Comprehensive Receivables Group  
(Exact name of entity)

By: John H Cantrell  
Its: Secretary/Treasurer  
Date: 11/30/06

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Exact name of entity)

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

**EXHIBIT A**

**PLAN AND AGREEMENT OF MERGER**

**By and between**

**CREDIT BUREAU COLLECTION SERVICES, INC.**

**AND**

**COMPREHENSIVE RECEIVABLES GROUP, INC.**

**FIRST:** Comprehensive Receivables Group, Inc. a corporation organized under the laws of the State of Michigan (the "Merging Corporation") shall be merged (the "Merger") with and into Credit Bureau Collection Services, Inc. a corporation organized under the laws of the State of Ohio (the "Surviving Corporation"). The Merger shall take place on December 31<sup>st</sup>, 2006, at 11:59 p.m. eastern time, or, if it is not possible to effectuate the Merger on December 31<sup>st</sup>, 2006 at 11:59 p.m. eastern time, the Merger shall take place when all applicable merger documents associated with the Merger are accepted and approved for filing with the applicable domestic governmental authority (the "Effective Date"). The Surviving Corporation shall assume all of the liabilities and obligations of the Merging Corporation. The Surviving Corporation will be responsible for the payment of all fees and franchise taxes for the Merging Corporations and will be obligated to pay any and all such fees and taxes when due. The Assumed Names associated with the Merging Corporation that are listed in Exhibit A, which is attached hereto, shall transfer to the Surviving Corporation.

**SECOND:** The name of the Surviving Corporation is Credit Bureau Collection Services, Inc. and the name of the Surviving Corporation will not change as a result of the Mergers.

**THIRD:** The Surviving Corporation wholly owns all of the issued and outstanding shares of the Merging Corporation. On the Effective Date of the Merger of the Merging Corporation, all of its issued and outstanding shares shall be extinguished.

**FOURTH:** The existing Certificate of Incorporation of the Surviving Corporation shall be the Certificate of Incorporation of the Surviving Corporation after the Merger. No changes or amendments shall be made to the Certificate of Incorporation of the Surviving Corporation as a result of the Merger.

**FIFTH:** The existing By-Laws of the Surviving Corporation shall be the By-Laws of the Surviving Corporation after the Merger. No changes or amendments shall be made to the By-Laws of the Surviving Corporation as a result of the Merger.

**SIXTH:** The directors and officers of the Surviving Corporation shall be the directors and officers of the Surviving Corporation after the Merger, and such directors and officers shall serve until their successors are elected and qualified.

**SEVENTH:** The principal address of the Surviving Corporation is 236 East Town Street, Columbus, Ohio 43215. On the Effective Date the Merger, the principal address of the Surviving Corporation shall remain the same.

**EIGHTH:** All necessary approvals of (i) the sole shareholder and the board of directors of the Surviving Corporation and (ii) the sole shareholder and the board of directors of the Merging Corporation have been obtained.

**NINTH:** The officers of the Surviving Corporation and of the Merging Corporation have been authorized by all necessary corporation actions to do all acts and things necessary and proper to affect the Merger.

**TENTH:** All of the assets, property, rights, privileges, leases and intellectual property of the Merging Corporation shall, as a result of its Merger, be transferred to and become the property of the Surviving Corporation. The officers and board of directors of the Surviving Corporation and the officers and board of directors of the Merging Corporation are authorized to execute all deeds, assignments, and documents of every kind and nature which may be needed to effectuate a full and complete transfer of ownership [of its assets, property, rights, leases and intellectual property to the Surviving Corporation] and to consummate the Merger of the Merging Corporation.

**IN WITNESS WHEREOF,** this Plan and Agreement of Merger has been executed on behalf of the Surviving Corporation and the Merging Corporation by their duly authorized officer as of the 4th day of December 2006.

**CREDIT BUREAU COLLECTION SERVICES, INC.**

By: Dirk M. Cantrell  
Dirk M. Cantrell, Secretary/Treasurer

**COMPREHENSIVE RECEIVABLES GROUP, INC.**

By: Dirk M. Cantrell  
Dirk M. Cantrell, Secretary/Treasurer

**EXHIBIT A**

**MERGING CORPORATION ASSUMED NAMES**

***Comprehensive Collection Services, Inc.***



**AN ACTION BY THE DIRECTORS**  
**OF**  
**CREDIT BUREAU COLLECTION SERVICES, INC.**  
**WITHOUT A MEETING**

The undersigned, being the sole Director of Credit Bureau Collection Services, Inc. hereby take the following action in writing without a meeting:

**RESOLVED**, that the Plan and Agreement of Merger to be entered into by and between Credit Bureau Collection Services, Inc., and Comprehensive Receivables Group, Inc., which Agreement is attached hereto as Exhibit A and is incorporated by reference herein, is hereby approved and adopted.

IN WITNESS WHEREOF, the undersigned, being the sole Director of Credit Bureau Collection Services, Inc., hereby indicates in writing approval of and consent to the foregoing actions and resolutions this 4th day of December 2006.

  
\_\_\_\_\_  
William B. Price, Sole Director

**AN ACTION BY THE SHAREHOLDERS**  
**OF**  
**CREDIT BUREAU COLLECTION SERVICES, INC.**  
**WITHOUT A MEETING**

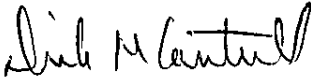
The undersigned, being the sole Shareholder of Credit Bureau Collection Services, Inc., hereby take the action expressed in the following resolutions:

**RESOLVED**, We authorize and direct the President, Larry S. Ebert, or Vice-President, Brian P. Striker and the Secretary/Treasurer, Dirk M. Cantrell, of said corporation to file the necessary documents to merge Comprehensive Receivables Group, Inc. into Credit Bureau Collection Services, Inc.

**RESOLVED**, We further agree the effective date of said merger shall be on or before December 31<sup>st</sup>, 2006.

**IN WITNESS WHEREOF**, the undersigned, being all of the Shareholders of Credit Bureau Collection Services, Inc. hereby indicate in writing their approval of and consent to the foregoing action and resolutions, without a meeting, to be effective as of December 31, 2006.

SHAREHOLDER: CBC Companies, Inc.



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Dirk M. Cantrell, Secretary/Treasurer